

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 3431Registered No. 3431

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donaciano Jaurige { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Sept 6 1927
Month Day Year

8. FATHER Full name Cebers Jaurige 14. MOTHER Full maiden name Maria Sanchez
9. Residence (Usual place of abode) Miami, Ariz 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 26 (Years) 16. Color or race Mexican 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) _____ (State or country) Mexico 18. Birthplace (city or place) _____ (State or country) Mexico

13. Occupation Miner 19. Occupation Housewife
Nature of industry Copper Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:25 P m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Jr. J. MillerMD
(Physician or midwife).Given name added from a supplemental report _____ Address Miami, ArizonaFiled Sept 11, 27 C. E. Drury
Registrar Registrar

Registrar

415-906-429